

TO: Shelby County Probate Office  
P.O. Box 825  
Columbiana, AL 35051

### NOTICE OF HOSPITAL LIEN

Pursuant to Alabama Code 1975, § 35-11-370 et seq., notice is hereby given that Baptist Health System, Inc. is entitled to a lien for the reasonable charges for hospital care, treatment and maintenance of Christopher Vancleave.

In order to perfect said lien, Baptist Health System, Inc. submits the following information:

Name of Patient:	<b>Christopher Vancleave</b>
Address of Patient:	<b>148 Appleford Road Helena, AL 35080</b>
Name of Hospital/Operator Thereof:	<b>Baptist Health System, Inc.</b>
Address of Hospital/Operator Thereof:	<b>1000 1st Street North Alabaster, AL 35007</b>
Date of Admission:	<b>02/03/2021</b>
Date of Discharge:	<b>02/03/2021</b>
Amount Due:	<b>232.62</b>

To the best of the claimant's knowledge, the following is/are the name(s) and address(es) of the persons, firms or corporations claimed by the above named ill or injured person or by such person's legal representative, to be liable for damages arising from such illness or injuries:

Liberty Mutual Insurance - 044681801

P.O. Box 515097

Los Angeles, CA 90051

Kemper Insurance - 21000048910

P.O. Box 2844

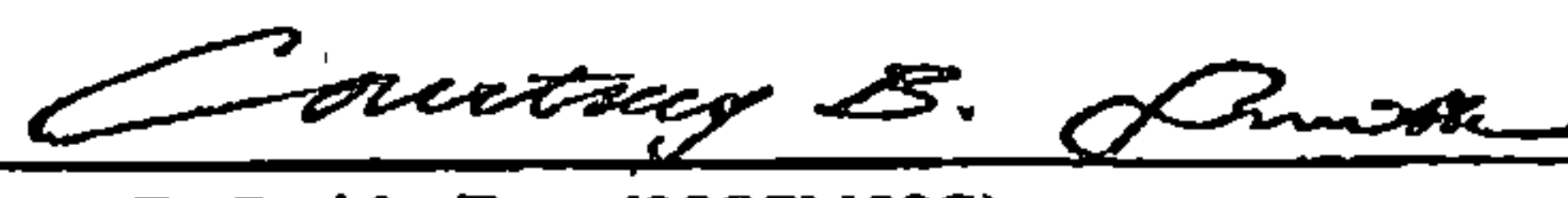
Clinton, IA 52733

This lien shall be enforced upon all claims accruing to Christopher Vancleave and his/her legal representative(s) in connection with the injuries which necessitated the subject hospital care, treatment and maintenance. The Patient's legal representative(s) if known, is/are as follows:

**J. Danny Hackney  
The Hackney Law Firm  
2421 Presidents Drive Building B, Suite 19  
Montgomery, AL 36116**

Prepared by:  
Courtney B. Smith, Esq.  
514 East Waldron Street  
Columbiana, MS 38834

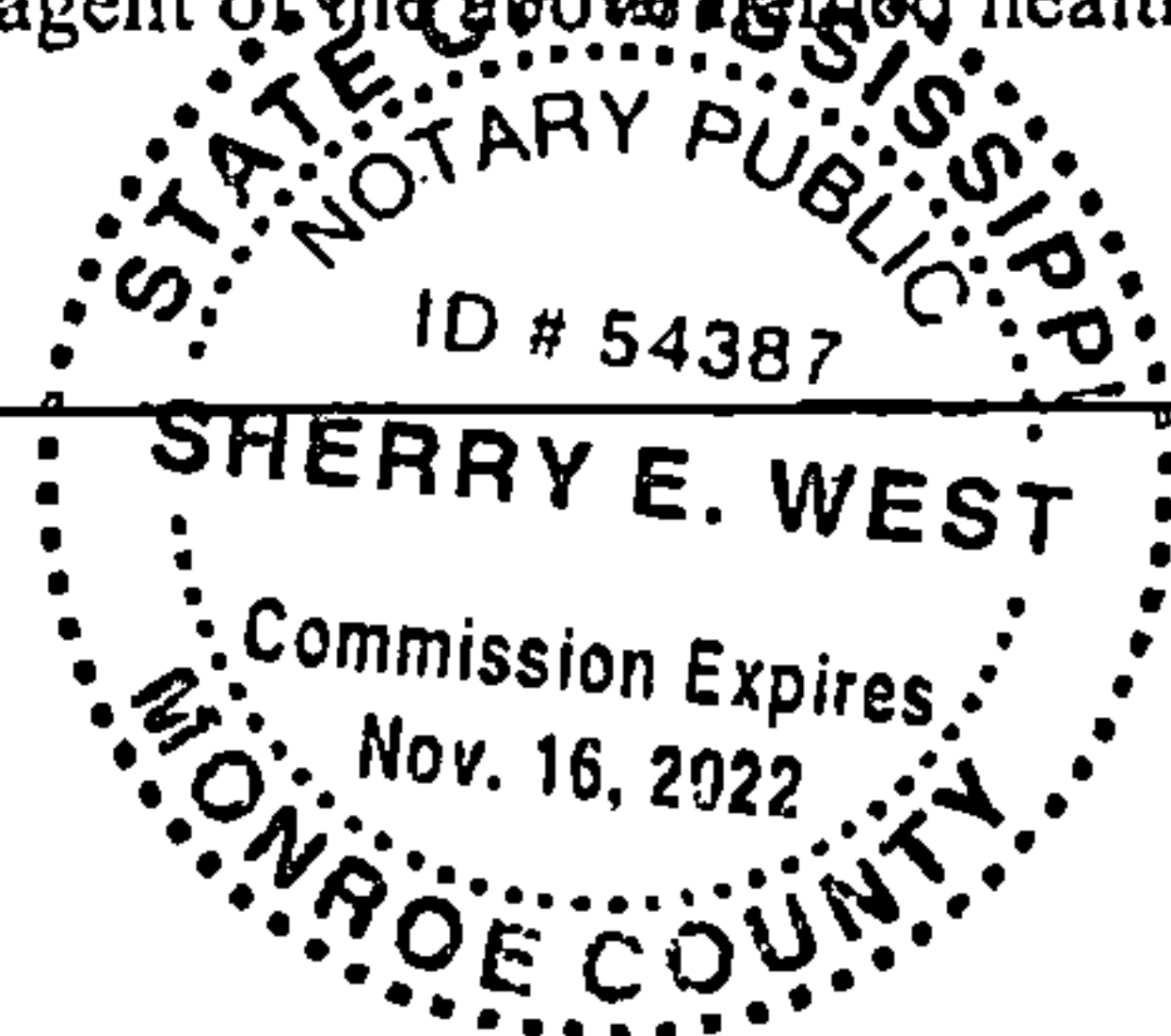
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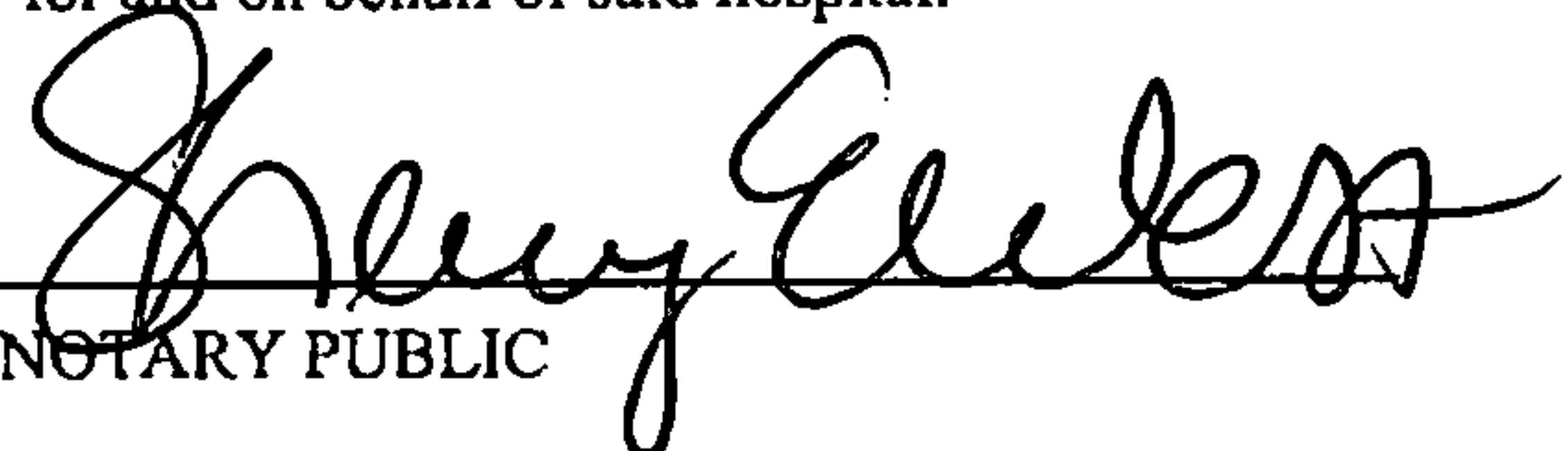
  
Courtney B. Smith, Esq. (2987N58S)  
Authorized Agent for Shelby Baptist Medical Center  
FOR INQUIRIES CALL (855) 283-2887

State of Mississippi  
County of Lowndes

The foregoing statement was acknowledged and verified before me this Thursday, May 20, 2021, by Courtney B. Smith, Esq., the duly authorized agent of the above named health care provider for and on behalf of said hospital.

My commission expires:



  
NOTARY PUBLIC